

506-128

IN THE UNITED STATES RECEIVING OFFICE (RO/US)

In the Matter of International Application of)
)
DAVID NOEL OLIVER)
)
Serial No.:)
)
Filed: Herewith)
)
For: DISPLAY DEVICE)

Melvin I. Stoltz
51 Cherry Street
Milford, CT 06460
February 25, 2005

Mail Stop PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

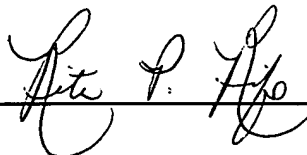
Please amend the Claims as follows:

Express Mail Mailing Label #ED 495910393US

Date of Deposit: February 25, 2005

I hereby certify that the attached papers or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202.

By: _____



AMENDMENT TRANSMITTAL LETTER (Small Entity)

1/525935

Docket No.

Applicant(s): DAVID NOEL OLIVER

506-128

| | | | | | |
|-----------------|-------------------------|----------|-----------------------|----------------|------------------|
| Application No. | Filing Date Herewith | Examiner | Customer No. 27106 | Group Art Unit | Confirmation No. |
|-----------------|-------------------------|----------|-----------------------|----------------|------------------|

Invention: DISPLAY DEVICE

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

☐ Applicant claims small entity status. See 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|-------------------------------------|-----------------------------|--------------------------------|------------|-------------------|
| TOTAL CLAIMS | 11 - | 20 = | 0 | x \$25.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 | x \$100.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |

- ☒ No additional fee is required for amendment.
☐ Please charge Deposit Account No. _____ in the amount of _____
☐ A check in the amount of _____ to cover the filing fee is enclosed.
☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-4512
☒ Any additional filing fees required under 37 C.F.R. 1.16.
☐ Any patent application processing fees under 37 CFR 1.17.
☐ Payment by credit card. Form PTO-2038 is attached.

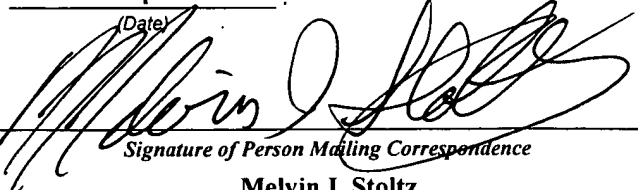
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Dated: February 25, 2005

Melvin I. Stoltz
 Registration No. 25,934
 Customer No. 27106
 51 Cherry Street
 Milford, CT 06460
 (203) 874-8183
 Attorney for Applicant

cc:

I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 2/25/05 express mail

(Date)

 Signature of Person Mailing Correspondence
 Melvin I. Stoltz

Typed or Printed Name of Person Mailing Correspondence